

Northern Virginia MR/MI Work Group Meeting
April 4, 2003

The Northern Virginia MR/MI Work Group met at the Fairfax County Government Center, Room # 7, on Friday, April 4, 2003.

Attending:

Mark S. Diorio, Ph.D., M.P.H., Director, NVTC
Alan El-Tagi, Consultant, Applied Behavioral Concepts, Inc.
Russell Garth, Parent, Arlington, VA
Jelena Saillard, Program Manager, Community Residences, Inc.
Leslie Katz, LCSW, Director, Social Work, NVTC
Nancy Mercer, Executive Director, Community Residences, Inc.
Brian Miller, Director of MR Services, Prince William County CSB
Lou Rosato, DSW, LCSW, Director, Community Services and Social Work
Joanna Wise-Barnes, MR/DD, State Systems Coordinator

Mark Diorio convened the meeting at 0940.

Lou Rosato moved to accept the March 12, 2003 minutes as presented. Nancy Mercer seconded the motion.

Mark distributed the following materials:

- CSB scenarios of dually diagnosed MR/MH persons
- Regional course information about the State's autism awareness staff training curriculum
- Two articles from the NADD Bulletin concerning Cooperation Between MH and MR/DD Systems
- NADD Spring Teleconference Series

Mark informed those present that Dr. Johannes Rojahn is in the process of finalizing web-based autism awareness training for individuals interested who have access to the Web. More information on this will be available.

Mark gave a brief status report on the NASMHPD MR/MI Planning Committee, of which he is a member. NASMHPD and the NASDDDS collaborated on the development of a survey asking state mental health and DD directors to assess the quality of and access to appropriate services for people with co-occurring MR/MI in their states, and to describe the level of coordination/collaboration that currently exists between their state MH and DD agencies. Mark sent a copy of that survey to all NoVA MR/MI work group members as an information-sharing instrument, and as a possible survey tool for distribution within CSBs. The survey providing input from the Commonwealth of Virginia was completed in a cooperative effort by Central Office staff and various Regional MR/MI chairpersons. Mark reviewed the survey answers the Commonwealth team had provided.

Mark will share further materials to work group members as the NASMHPD moves forward with the planning process.

Mark reminded those present to forward to Joanna Barnes any KSAs they may have for a Specialized Case Manager working with the Dually Diagnosed. Joanna reported that the Arlington CSB is in the process of establishing this position and would like to include more creativity in service delivery through this position. This case management position will not serve all dually diagnosed clients, but will have a small case load and will also provide consultation and technical assistance to other case managers who serve clients with dual diagnosis issues.

Scenarios of various cases of Dually Dx MR/MH persons within the CSBs were reviewed. Case summaries and an overview of a core group of clients were presented. Brian Miller stressed that since there is so much collaboration required, staff resources should be seriously considered. He stated that collaboration plays a key role in successes. Training and resources to deal with provocative behaviors and human rights issues were also considered to be a great priority. Liability issues were also a concern.

It was suggested that a residential rate increase be encouraged within the CSBs. A rational plan to meet each individual's needs should be developed, and an appropriate cost for this care should then be determined. The possibility of shifting funds from an hourly rate to a day rate was suggested. Nancy Mercer will locate information regarding rates and send this information to Leslie Katz.

Joanna Barnes suggested that perhaps there is a need to focus on one type of person, with one type of need to determine a "best practice" model. Mark shared that NVMHI had compiled four models of psychiatric inpatient treatment that is used to describe the various levels of care required by people receiving inpatient psychiatric services. He will distribute this to workgroup members.

There was some discussion on an unresolved case involving a client having a diagnosis of mild retardation who is deaf. Mark asked Linda to gather information from the WSH deaf support services center regarding services for the deaf and send to work group members.

Scenarios involving clients with sexual behaviors presented special issues in placements. Madeline Salatolo and Mary Ann Carmady appeared to be the only specialists in the NoVa area available to deal with these issues. However, these professionals provide no therapeutic intervention or on-going re-training to address more serious issues or hands-on training.

There was some discussion regarding ineligibility for Medicaid Waiver funds for some people. Linda will contact Dennis Brown to obtain a start-up cost grid for group homes he presented in December 2001.

Joanna stressed that none of the success cases in Arlington would have occurred if appropriate and adequate funding was not available. Furthermore, she stated that if more money were available, these clients would be much better served. Direct care staff with clinical expertise are especially needed to deal with specific MH clinical issues and to afford more therapeutic interaction. Joanna also felt that more stimulating and legitimate activities are needed during the day. More movement to get people integrated in the community needs to occur. Community jobs are available, but not much in non-vocational day support for MR/MH issues.

Alan ElTagi stated that his problems occurred due to lack of Medicaid funding and their unwillingness to cooperate in a number of different areas. Alan stressed that more insightful and creative ways to intervene with clients needs to occur. Some pro-bono services were provided to afford success with client placements because Waiver funding and hours allotted were not sufficient to address client needs. The consultative model was not sufficient, and more direct, hands-on service from the behavior specialist was needed for successful resolution. It was agreed that if you have the money and flexibility in funding, as well as teamwork and clinical expertise, the work could be done.

Mark informed those present of the CBA program available at GMU. Alan stated that he has taken the class and it was very beneficial. There was some discussion of the efficacy of Alan training staff, and he relayed some dismay at the inability at times to fully address issues due to the LHRCs misunderstanding of situations. Leslie suggested obtaining training for LHRCs to more fully acquaint them with this population.

Lou emphasized the need for individuals to be at an appropriate placement. Leslie stressed that individuals need to go to a place for crisis services instead of sending them to a facility. Specialists should be placed at crisis programs when needed and these experts should support one another in the community.

Mark informed the group that a final plan needs to be submitted by mid-July. He agreed to send out a first draft of the plan to members before the next meeting. Work group members were encouraged to gather preliminary ideas, priorities, recommendations and to identify clear and specific objectives. They should e-mail these to Mark ASAP so he can include them in the draft report.

Some issues that have been identified include, but are not limited to:

- Funding flexibility is critical and funding should address real cost for that individual and not adjust staffing funding levels upward for another person to cover for others.
- Start-up money for group homes
- Additional waiver slots are needed
- Education and training of staff and professionals about MR/MH issues
- Psychiatric services with experience serving this population
- Intensive Case management is required, but to support that need case managers must have smaller case loads which allow for more hands-on interaction with the client and the support system

- Regional SWAT-like team to allow for increased supervision and direct client support. Ability to provide 1-1 staff supervision quickly and easily is vital.
- PACT model would be useful; only Fairfax and Arlington have PACT teams
- Medicaid Waiver consultation model for behavior services is not sufficient to meet client needs
- Collaboration between MH and MR at the CSB to obtain resources and supports
- Current group home size (4-6 persons) is too large to allow for the necessary supports and may contribute to safety issues. A smaller residential program with built-in therapeutic supports is needed.
- Possible cross-CSB crisis home for MR/MI individuals that has higher staff ratios and increased clinical support
- MR/MI clients need more individualized day/vocational programs
- Increased supports for aging and medically compromised clients
- Clinical supports to address sexual issues.

The next meeting is scheduled for Friday, May 30, 9:30 A.M. at Community Residences, Inc., 1612 N. McKinley Road, Arlington, VA 22205. For directions go to comres.org

The meeting adjourned at 12:15 P.M.

Respectfully submitted,

Linda J. Muniz